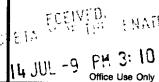
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**FEC** FORM 3

## REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee



roi Ali Addionzed Committee							14 300	Office	Use Only			
NAME OF COMMITTEE (in full)				NT ▼ Example: If typing, type over the lines.					12FE4M5			
Brad Carson for Sena	ate, Inc.									i		
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		111	11.1	111	1 1							
ADDRESS (number and street)	3103 Callawa	y Dr	1   1	1 1 1	11				. !     1			
Check if different	1 1 1	<u> </u>		<u> </u>			1   1	1 !	<del></del>			
than previously reported. (ACC)	Claremore	1.1.1		<u> </u>	11		OK	74019				
2. FEC IDENTIFICATION	NUMBER <b>V</b>		CITY A				STATE A		ZIP CODE			
C C00391854			S THIS REPORT	×	NEW (N)	OR	AME (A)	ENDED	OK	DISTRICT		
4. TYPE OF REPORT (C	Choose One)	(b) 12	?-Day <b>PRI</b>	E-Election	Panar	for the						
(a) Quarterly Reports:		(0) 12	-Day FNI			i for the.						
April 15 Quarterly Report (Q1)				Primary	y (12P)		Genera	l (12G)	Rui	noff (12R)		
X July 15 Quarterly	Report (Q2)			Conver	ntion (12	2C)	Specia	l (12S)				
October 15 Quarterly Report (Q3)  January 31 Year-End Report (YE)		M M / Election on				,		in the State of				
		(c) 30	-Day POS	T-Electic	л Рерс	rt for the	:	<del></del>	•	·		
				Genera	J (30G)		Runoff	(30R)	Spe	cial (30S)		
Termination Report (TER)		EI	lection on	M	M				in the State of			
	04 01 /	, 201		thro		M M	/ D D D	2	014			
I certify that I have examined to Type or Print Name of Treasure			t of my kr	owledge	and be	lief it is t	rue, correct a	and comp	lete.			
Signature of Treasurer Mr.	. Brad Carson	nal	an			1	Date 07	, M D	02 <sup>5</sup>	ў ў 2014		
NOTE: Submission of false, error	neous, or incomple	ete informa	ation may	subject th	e perso	n signing	this Report to	the pena	Ities of 2 U.S	.C. §437g.		
Office Use Only									C FORM			